
UTILITY PATENT APPLICATION TRANSMITTAL
(Only for new nonprovisional applications under 37 CFR 1.53(b))

Docket No. : 51533/MEG/E303
Inventor(s) : Jan O. Solem, Per Ola Kimblad, Syndeon Ab
Title : METHOD AND DEVICE FOR TREATMENT OF MITRAL
INSUFFICIENCY
Express Mail Label No. : EV 327878943 US

ADDRESS TO: Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

November 13, 2003



1. X **FEE TRANSMITTAL FORM** *(Submit an original, and a duplicate for fee processing).*

2. **IF A CONTINUING APPLICATION**

 X This application is a continuation of patent application No. 09/775,677.

Prior application information: Examiner Urmi Chattopadhyay; Group Art Unit: 3738.

 This application claims the benefit of Provisional Application No. pursuant to 35 U.S.C. §119(e) and 37 CFR §1.78(a)(4).

3. **APPLICATION COMPRISED OF**

Specification

 33 Specification, claims and Abstract (total pages)

Drawings

 7 Sheets of formal drawing(s) (FIGS. 1 to 20)

Declaration and Power of Attorney

 Newly executed

 Unexecuted declaration

 X Copy from a prior application (37 CFR 1.63(d))(for continuation and divisional)

4. **Microfiche Computer Program** *(Appendix)*

5. **Nucleotide and/or Amino Acid Sequence Submission** *(if applicable, all necessary)*

 Computer Readable Copy

 Paper Copy (identical to computer copy)

 Statement verifying identity of above copies

6. **APPLICANT(S) STATUS UNDER 37 CFR §1.27**

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_____ Applicant(s) and any others associated with it/them under §1.27(a) are a SMALL ENTITY

7. ALSO ENCLOSED ARE

_____ Request and Certificate under 35 U.S.C. §122(b)(2)(B)(i) **Request for Non-Publication**
_____ X Preliminary Amendment
_____ X Includes "Cross-Reference to Related Applications"
_____ A Petition for Extension of Time for the parent application and the required fee are enclosed
_____ An Assignment of the invention with the Recordation Cover Sheet and the recordation fee are enclosed
_____ This application is owned by _____ pursuant to an Assignment recorded at Reel , Frame
_____ Information Disclosure Statement (IDS)/PTO/SB/08A/B
_____ Copies of IDS Citations
_____ Certified copy of Priority Document(s) (*if foreign priority is claimed*)
_____ English Translation Document (*if applicable*)
_____ X Return Receipt Postcard (MPEP 503) (should be specifically itemized).
_____ Other:

8. CORRESPONDENCE ADDRESS

CHRISTIE, PARKER & HALE, LLP, P.O. BOX 7068, PASADENA, CA 91109-7068
Customer Number: 23363

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By Mark Garscia
Mark Garscia
Reg. No. 31,953
626/795-9900

**FEE TRANSMITTAL
UTILITY PATENT APPLICATION**

DATE: November 13, 2003

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Title : METHOD AND DEVICE FOR TREATMENT OF MITRAL
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Duplicate

FEE DETERMINATION

| CLAIMS AS FILED | | | | | |
|------------------------------------|-----------------|-----------------|----------------------|----------------------|----------|
| | NUMBER FILED | NUMBER EXTRA | SMALL ENTITY RATE | LARGE ENTITY RATE | FEE |
| TOTAL CLAIMS | 25 - 20 | = 5 | 0 x \$9.00 | 5 x \$18.00 | \$ 90.00 |
| INDEPENDENT CLAIMS | 3 - 3 | = 0 | 0 x \$43.00 | 0 x \$86.00 | 0.00 |
| MULTIPLE-DEPENDENT CLAIMS FEE | | | \$145.00 | \$290.00 | 0.00 |
| BASIC FEE | | | \$385.00 | \$770.00 | \$770.00 |
| TOTAL FILING FEE | | | | | \$860.00 |
| List Independent Claims: 1, 15, 18 | | | | | |

METHOD OF PAYMENT

 X Payment Enclosed: Check for \$860.00.

 X The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required during the **entire pendency** of the application to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. **A duplicate copy of this sheet is enclosed.**

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By Mark Garscia
Mark Garscia
Reg. No. 31,953
626/795-9900

MEG/llk